Revision: HCFA-PH-85-14 (BERC) SEPTEMBER 1985

ATTACHMENT 4.18-C

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OHB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	GUAM
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A. The following charges are imposed on the medically needy for services:

Service	Deduct.	ype of Char Coins.	ge Copay.	Amount and E	asis for Determination
NOT APPLICABLE					
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Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

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The agency reimburses providers the full Medicaid rate for services

		State:	GUAM			
В.		The method used to collect cost sharing charges for medically needy individuals:				
	口	Providers are from individua	responsible for collecting the cost sharing charges			

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

and collects the cost sharing charges from individuals.

TN No. 85-7 Supersedes TN No.

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

Revision: HCPA-PM-85-14 (BERC) SEPTEMBER 1985 NOT Applicable ATTACHHENT 4.18-0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

[State policy does not provide for cumulative maximums.

Cumulative maximums have been established as described below:

TN No. 85-14-Supersedes TN No.

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E